

Dr. Health,  
, & Welfare  
S. Public  
th Service

S. 300  
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027282  
STATE FILE NUMBER

FILED AUG 1 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7048**

1. PLACE OF DEATH a. COUNTY <b>St Louis City of.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>7</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis</b>		c. CITY OR TOWN <b>E. St. Louis</b> 8/20/58 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ermin Desloge</b>		Length of stay in 1b <b>4 days</b>	
3. NAME OF DECEASED (Type or print) <b>Charles Nations</b>		4. DATE OF DEATH <b>7-14-1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7/14/38</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clark</b>		11. BIRTHPLACE (City and state or country) <b>East St. Louis, Ill.</b>	
13a. FATHER'S NAME <b>Terry Nations</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Lorraine L. Nations</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <b>Mrs. Bonnie Bufkin Mt. Vernon, Ill.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <b>Subarachnoid hemorrhage</b> <b>Ruptured Aneurysm (Berry)</b> <b>Respiratory &amp; cardiac arrest.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>330x</b>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>7/10/58</b> to <b>7/14/58</b> and last saw her alive on <b>7/14/58</b> Death occurred at <b>3:15</b> P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Charles A. Nigh, M.D.</b> (Degree or title)		22b. ADDRESS <b>1325 S. Grand</b>	
22c. DATE SIGNED <b>7/14/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>7-16-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Shrewsbury Cemetery</b>		23d. LOCATION (City, town, or county) <b>Mill Shoals, Illinois</b> (State)	
24. FUNERAL DIRECTOR <b>Curran</b> ADDRESS <b>E. St. Louis, Ill.</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 16 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... 

Licensed Embalmer No. 3162

P. O. Address E. St. Louis, I.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.